

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # _____									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
✓	Filing			\$ 100							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
✓	Other			\$ 110							
		7 TOTAL AMOUNT OF REFUND		\$ 210							
		8 TO BE REFUNDED BY:									
		Treasury Check									
		Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">5</td> <td style="width: 20px;">1</td> <td style="width: 20px;">8</td> </tr> </table>			5	0	--	0	5	1	8
5	0	--	0	5	1	8					
10 REASON:											
✓	Overpayment										
	Duplicate Payment										
	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>John Anders</u>		TITLE: <u>Paralegal Specialist</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-9140 ext 211</u>									
OFFICE: <u>PCT - DO/EO</u>											

THIS SPACE RESERVED FOR FINANCE USE ONLY:											
APPROVED: _____ DATE: _____											

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: